

Community First Choice (CFC)

Frequently Asked Questions

1. What is the planned implementation date for CFC?

Note: The CFC timeline is contingent on the approval of the CFC state plan amendment and other factors.

- October 1st, 2013- Initial Phase
 - Establish a list of PAS consumers who meet level of care, provide them with choice to receive CFC instead of PAS, notify current case managers and PAS providers of change, and move funding to CFC for those who qualify.
 - Implement CFC functional assessment and level of care on all new referrals (Mountain Pacific Quality Health (MPQH))
- October-November, 2013- Second Phase
 - Establish rates, train providers, enroll providers
 - Rules Established and Policy Manual developed
 - Person-Centered CFC Planning (PCP) process established
- Ongoing (once CFC PCP established)
 - As consumer plan comes due implement the CFC PCP requirements
 - Amendments to MPQH to incorporate CFC expanded services

2. Will the current PAS services change?

- PAS services will be authorized by MPQH in the same manner that they are currently authorized. Most or all PAS services will stay the same, with a few services added.

3. What new services will be authorized under CFC?

We expect the following services to be authorized, with specific limits on each. These services are currently available under HCBS waiver.

- Socialization (IADL)
- Personal Assistance-Financial (IADL)
- Yard Hazard Removal (IADL)
- Personal Emergency Response System (PERS)
- Skill acquisition, maintenance and support
- Delivered Meals (optional)
- Electronic devices to support medication management and health monitoring activity (optional)

4. Will the services listed above be phased out of waiver?

That depends. The services listed above must be authorized by MPQH. If it is authorized on the CFC Functional Assessment then the service will transition from the waiver plan to the CFC plan.

- There will be some cases when the person will not be authorized for a service; however, they may receive it under HCBS waiver. The reason for this is that CFC authorization and HCBS waiver authorizations are separate assessments.
- Some consumers may receive the same service under BOTH CFC and HCBS waiver. For example, the consumer may receive the maximum amount of time for socialization under CFC; and also receive additional time through waiver.

5. How will services be authorized?

- MPQH will conduct the CFC Functional Assessment, which will include authorization for all of the current PAS services and services outlined above
- Hours will be authorized in either 2 or 4 week spans with a maximum number of hours that can be authorized per span
 - Consumer will have flexibility to use hours within the span
- Services will be authorized on an annual basis, but can be changed and updated using the amendment process

6. Will there be service limits with CFC?

- Yes, there will be a maximum service limit for ADL and IADL services. In addition, the same 1/3 rule will apply to IADL services.

7. What is the role of the CFC Planner?

- The CFC Planner is the entity who is responsible for implementing the PCP components of CFC
- The CFC Planner will be required to conduct an annual CFC PCP visit, or more frequently, when necessary
 - Note: some case managers are required to conduct visits more frequently and CFC Providers will be required to meet with consumer every 180 days (similar to current PAS criteria)
- The CFC Planner will coordinate the CFC PCP visit with the CFC provider and anyone else that consumer wants to be present
- The CFC PCP visit must occur within a specified time period after the MPQH CFC Functional Assessment has been completed

8. Who can be a CFC Planner?

- The CFC Planner will be a case manager, for anyone who receives waiver or state plan case management. For someone who does not receive case management

the CFC Planner will be the CFC Provider that delivers CFC services (i.e., current PAS provider)

9. What will the qualifications be for the CFC Planner?

- The qualifications have not been established, but we are not expecting requirements beyond those that currently exist for the entities who will provide this service.

10. What will the components of the PCP visit/process look like?

- The Person Centered Plan should be one coordinated plan between CFC services and other service delivery systems.
- The PCP process will incorporate components from the consumer's existing planning process. For consumers who receive no other services than CFC, the PCP process will be an abbreviated version of the HCBS waiver process. The details have yet to be defined, but the intent is to be meaningful but succinct.
- The CFC PCP meeting will generate a CFC service plan. The CFC service plan will go to the CFC provider and will guide service delivery for CFC.
- The CFC service plan must adequately address the information contained in the MPQH CFC Functional Assessment

11. What will reimbursement look like for CFC Planning, rates, etc?

- This has yet to be determined. However, we expect that rates will recognize the increased planning requirements for CFC providers.

12. How will services be billed?

- The specifics have not yet been determined, but the process will be very similar to billing for PAS services.

13. How will all of the different CFC Players (MPQH, CFC Planner, Case Managers, CFC Providers, etc.) communicate.

- We don't anticipate any specific requirements in this area. We expect that most communication will use existing technology (i.e. fax, phone and email)

14. How can you make changes to the CFC Plan?

- The plan can be modified by agreement with the planning team.
- For changes in CFC services that are outside the scope of the CFC Plan, the CFC agency (in coordination with the CFC Planner, when necessary) will complete an amendment and send it to MPQH to authorize a change in the CFC Functional Assessment. Once MPQH completes the Functional Assessment the CFC Planner will modify the CFC Plan accordingly.
- For changes in CFC services that are within the scope of the CFC Plan, the current PAS amendment process should suffice.

15. Will PAS still be available to consumers?

- Yes, PAS will be an option for all consumers. If a consumer doesn't meet level of care, their only choice will be PAS. For consumers who meet level of care they can choose between PAS and CFC. Consumers who choose CFC will transition to the program and soon as functionally possible (see timeline in question 1).

16. There is mention of a quality assurance (QA) system that will be developed. I assume that this system is still under development. What will providers adhere to while they wait for that system? And is there an opportunity for parties to be involved in the development of the system?

- The quality assurance measures have yet to be developed; however, they will look similar to the current HCBS waiver standards and PAS standards. The ARM and policy manual will set the parameters that providers must adhere to. There will be quality assurance standards for both CFC providers and CFC planners. We will provide an opportunity for provider input in QA development.
- The CFC quality assurance process will include the evaluation of consumer health and safety, satisfaction, and person-centered planning process.
 - MPQH, CFC Planners, and CFC Providers will all be required to capture and report on different facets of this data
 - The specifics have yet to be defined
 - The Department is working with the CFC Council on the scope of CFC QA
 - The next Council meeting is scheduled for September 20.
 - Anyone who is interested in participating on QA development can contact one of the Council members or Abby Holm at abholm@mt.gov.